Effective December 8, 2004								7460 -X05_126			
		CLAIMS	AS FILED		I	(Column 2)	SMALL EN TYPE	TITY	OR	OTHER SMALL	R THAN ENTITY
U.S. NATIONAL STAGE FEES			·				RATÉ	FEE	7		<u> </u>
BASIC FEE			SMALL EN	SMALL ENT. = \$ 150		GE ENT. = \$ 300	BASIC FEE	1	4	RATE	FEE
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations =	EXAM. FEE	150	OR		<del></del>
SEARCH FEE			U.S. is ISA = ALL other co	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500	SEARCH FEE	- <del>) (X)</del>	1.	SEARCH FEE	<del>                                     </del>
FEE FOR EXTRA SPEC. PGS.			/ 2_minus 100 =			/ 50 =	X \$ 125 =	20	1	X \$ 250 =	<del> </del>
TOTAL CHARGEABLE CLAIMS			minus 20 = .		*		X \$ 25 =	<del></del>			<del> </del>
INDEPENDENT CLAIMS			minus 3 = 1		*		X \$ 100 =		OR	X \$ 50 =	<del> </del> -
MUI	TIPLE DEPEN	IDENT CLAIM PR		·			+ \$ 180 =		OR	X \$ 200 =	ļ
* If	the difference	e in column 1 is	less than zer	o, enter "C	)" in c	olumn 2	TOTAL	421	OR	+ \$ 360 =	
							TOTAL	150	OR	TOTAL	<u></u>
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						(Column 3)	SMALL E	OTHER THAN ENTITY OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =	•	OR	+ \$ 360 =		
	•						TOTAL ADDIT. FEE		OR L	TOTAL ADDIT.	•
		(Column 1)		40.					•	FEE	
		CLAIMS		(Colum		(Column 3)					
<b>#</b>		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =		OR	+ \$ 360 =		
	•						TOTAL ADDIT. FEE	-	L	OTAL ADDIT.	
	•					•				FEE L	
*** !!	the "Highest Nur	nn 1 is less than the nber Previously Paid nber Previously Paid	For" IN THIS SP.   For" IN THIS SP.	ACE is less t	han '20' hán '3'	, enter "20".	the appropriate box in			· · ·	·

FORM PTO-875 (Rev. 02/2005)

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